SOLIC	ITA	TION, OF	ND AV	VARD				T IS A R PAS (15	ATED CFR 350)>	RATING >		PAGE 1 OF	84		
2. CONTRACT NO. 3. SOLICITATION							4. TYPE OF SOLICITATION SEALED BID (IFB)			DBID (IFB)	5. DATE ISSUED	6. REQUISITION/P 99 MARCH 17 N66001-8238-			
			N660	01-99-R	-5007		!			IATED (RFP)		NOOOOI	-0230-0223		
7. ISSUED BY CODE N66001 Contracting Officer SPAWARSYSCEN BLDG A33 ROOM 1602W 53560 HULL STREET San Diego, CA 92152-5000 Ordering Officer: (619)553-4492 Sharon M. Pritchard								8. ADDRESS OFFER TO (If other than Item 7) RECEIVING OFFICER/BID OFFICER SPAWARSYSCEN DIV 242 53560 HULL STREET San Diego, CA 92152-5410							
NOTE: In s	ealed b	id solicitations, "o	ffer" and "o	fferor <u>"</u> mea	n "bid" and '	'bidder"	SOLIC	CITA	TION						
9. Sealed	l offersed, in	s in original and the depository ATE Submiss	d <u>2</u> c located in	opies for f BLDG TS dification	furnishing to A33 Roor	the supp n_0061 ithdrawa	lies or s at ADDI als: Se	ervic RESS	es in the S IN BLC	OCK 8 unui s	will be received at th 3:00pm local time 9 (Time) (I ns NO. 52.214-7 or	Date)	<u></u>		
subject to all terms and conditions contained in this solicitation.										B. TELEPHONE NO. (Include area code) (NO COLLECT CALLS)					
10. FOR A. NAME OF POINT OF CONTACT: INFORMATION CALL: SHARON PRITCHARD							619-553-4492 11. TABLE OF CONTENTS								
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12. In operiod in opposite	complis insete eac	iance with the :	above, the eror) from the ed at the de PAYMENT	undersig	ned agrees	s, if this of of offers : vithin the	offer is a specifie time sp	accep d abc pecifie	oted with ove, to fu ed in the	inca	alendar days (120 ca r all items upon whic	h prices ar	re offered at th	ferent e price set NDAR DAYS %	
AMENIDMEN							IUMBEF	₹	D/	ATE	AMENDMENT NUMBER			DATE	
14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipts of amendments to the SOLICITATION for offerors and related documents numbered and dated:															
15A. NA AND ADDRES OF OFFERO	CODE	FACILITY				1	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or Print)								
15B. TELEPHONE NO. (Include area code) 15C. CHECK IF REMITTANCE AI FROM ABOVE - ENTER SUCH A							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			17. SIGN		18. OFFE	18. OFFER DATE		
19. ACCEPTED AS TO ITEMS NUMBERED 20. AMOUNT									21. ACCOUNTING AND APPROPRIATION						
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITON: U.S.C.									23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified) >>>> See Section					G of Contract	
24. ADMINISTERED BY (If other than item 7) CODE									25. PAYMENT WILL BE MADE BY: CODE DFAS Pt. Loma Detachment P.O. Box 80818 San Diego, CA 92138-0818						
26. NAME OF CONTRACTING OFFICER (Type or Print)									27. UNITED STATES OF AMERICA 28. AWARD DATE						